श्री मोती लाल वोरा : माननीय सभापति महोदय, मैं माननीय मंत्री जी से यह जानना चाहता हूं कि उन्होंने दिखलाया है कि धान का उत्पादन सन् 2007 में 801.50 मीट्रिक टन हुआ । लेकिन फूड कॉपरेशन आफॅ इंडिया ने धान की जो खरीद की है, वह बहुत ही कम खरीद की गई है । तो इसका क्या कारण है कि धान की खरीदी में इतनी कम मात्रा एफ.सी.आई. या इनके जिम्मे आयी है?

MR. CHAIRMAN: Question Hour is over.

WRITTEN ANSWERS TO STARRED QUESTIONS

Breast feeding promotion measures

*321. MS. PRAMILA BOHIDAR:
SHRI B.J. PANDA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware that breast feeding is crucial for the health and development of the infants and this holds immense benefits for the mothers as well;

(b) whether lack of awareness on breast feeding among the common people has been the major bottleneck in promoting this practice among the general public; and

(c) if so, what is the action plan of Government to create awareness among the general public about the immense benefits of breast feeding?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) The Government is aware that breast-feeding is important for the health and development of the infants and it has good benefits for the mothers as well.

(b) The Government is also aware that improving awareness among the common people on breast-feeding will promote breast feeding practices among the general public;

* The National Guidelines on Infant and Young Child Feeding issued by Department of Women & Child Development form an integral part of ICDS and the RCH programmes. These guidelines incorporate new norms of Infant Young Child Feeding i.e., exclusive breast feeding for the first six months (replacing the 4-6 months age range of earlier guidelines), introduction of complementary foods at six months continuing breastfeeding upto the age of two years or beyond.

* The National Nutrition Policy adopted by the Government of India under the aegis of the Department of Women and Child Development in 1993 laid due emphasis on nutrition and health education of mothers on infant and young child feeding and effort to trigger appropriate behavioural changes among the mothers were considered as direct interventions for reducing malnutrition in children.

* The Infant Milk Substitutes, Feeding Bottles and Infant Foods (Regulation of Production, Supply and Distribution) Act, 1992, popularly known as the IMS Act was enacted to protect, promote and support breast feeding. This Act has been further strengthened enhancing the protection level.

  Through this Act, the baby food manufacturers have been banned to promote sale of their infant milk substitute and infant food through print and media. The relevant

provisions of the Cable Television Networks (Regulation) Amendment Act, 2000, also prohibits advertisements of infant milk substitutes, feeding bottles or Infant foods through cable television service. India now has one of the strongest legislations to protect breastfeeding from commercial influence.

* The Tenth Five Year Plan, for the first time, includes goals for breast feeding and complementary feeding in the National Nutrition Goals. Emphasis on Infant feeding will continue during the Eleventh Five Year Plan.

* The National Rural Health Mission and the Reproductive and Child Health II strongly support early initiation of breast feeding and exclusive breast feeding till six months.

* All trainings under the National Programme NRHM/RCHII have a strong component of training for breast feeding and complementary feeding. All medical officers, Auxiliary Nurse Midwives (ANM) and Aangan Wadi Workers (AWW) in their trainings are taught the importance of breastfeeding and are especially taught how to counsel and teach mothers on breast feeding and complementary feeding.

(c) Keeping in view the need for awareness, the Department of Family Welfare under its RCH II, is implementing the following interventions:

* A nation-wide behaviour change effort to promote breastfeeding by involving all grassroots workers *viz.* ASHAs, AWWs, ANMs, village practitioners, male workers, link volunteers etc., Panchayats, Self Help Groups (SHGs), agents of change. Opinion Leaders, Non Governmental Organisation's (NGOs), using all health related contacts to promote improved breastfeeding employing mass media.

* Augment ANMs/AWWs contacts with mothers. Promote home visits by Accredited Social Health Activists (ASHA)/AWWs in the antenatal and postnatal period as a part of IMNCI activities and use contacts to promote breast feeding.

* Use all ANM/male health worker contacts for feeding counseling. Use immunization session, field visits of ANMs and male health workers for feeding counseling.

* Strengthen breast feeding promotion efforts at facilities. Promote breast feeding at various healthcare facilities including Primary Health Centres (PHCs), Community Health Centres (CHCs), First Referral Units (FRU) and district hospitals.

* Improve feeding counseling skills of provider. Train ASHAs, AWWs, ANMs, Lady Health Visitors (LHVs), male workers, link volunteers, as well as physicians (government, private, general) specialists, modern, Indian Systems of Medicine) and nurses in lactation and feeding counseling techniques through pre-service and in-service training and education.

* Educating the providers on the IMS (Infant Milk Substitutes, feeding bottles and infant food, regulation, supply and distribution) Act.

* Promote appropriate and adequate complementary feeding. Strengthen the ASHAs/ AWWs role through supportive supervision and monitoring, use all health related contacts to counsel mothers about solid foods, emphasize portion size and calorie density, promote culturally acceptable, low cost, balanced and locally available infant foods (prepare local lists for counseling).

* Accelerated implementation of the child survival strategy, Integrated Management of Neonatal and Childhood Illness (IMNCI) besides other feeding interventions for all the children 0 month-5 years of age.